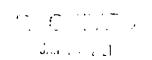
L1700011253Z

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

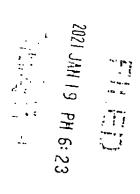
Office Use Only



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01/20/21--01005--016 **25.00



S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	CT: Villarrush Custom (·
	(Name of L	imited Liability Company)
The enc	closed Articles of Dissolution and fee(s) are sul	bmitted for filing.
Please r	return all correspondence concerning this matte	er to the following:
	Robert Vill	arrabia Ir.
		(Name of Person)
	Villar	-nsia Custin Creation's (Firm/Company)
		(rimvCompany)
	4270 Carlos	Court
	4270 Carlos	(Address)
	Hernando Beach (Cit	PL. 34607
	(Cit	y/State and Zip Code)
For furt	her information concerning this matter, please	call:
	Robert Villamuba	57. at (352) 613- 4200 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	lisfa check for the following amount:	
Ţ	\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rananassee, i'd Jajim	2413 14. MOINGE SHEEL, SUITE OIG

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	he name of a limited liability company is Villarubia Custon Creations	
2.	The Articles of Organization were filed on $05/22/2017$ and assigned	
(ocument number <u>L 17000112532</u>	
3. 1	the delayed effective date the dissolution if not effective on the date of filing: 0/20/2021 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.)e
4. <i>4</i>	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
_	COUID 19 no more work for making	
	any wood crafts	
_	and and chapts	
_		
_		
5.]	f there are no members, enter the name and address of the person appointed to wind up the company's	
ä	etivities and affairs: Robert Villamusa In	
	4270 Carlos cout	
	Hernando Beach FL. 34607	
6. S abo	ignature of an authorized person or if there are no members, the signature of the person appointed and list we to wind up the company's activities and affairs:	ed
	202	
A	Signature Printed Name	٠,
	FILING FEE: \$25.00	71
		F